ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Sate & number, and address) TELEPHONE NO. ATTORNEY FOR STAIL TUXPAYER/RESPONDENT: NAME OF COURT. STREET ADDRESS. MAILING ADDRESS. OTT WAD APP COOPE. BRANCH NAME. APPLICATION OF (Name): TAXPAYER/RESPONDENT CASE MAININER: CASE MAININER: CASE MAININER: CASE MAININER: (Copy the Information required above from the Application for Earnings Withholding Order for Taxes (form WG-020). The to, left space is for your or your attorney's name and address.) 1. In each the following earnings to support myself or my family (check and complete item a or b): a All earnings. b \$ each pay period. 2. Please send all papers to me my attorney at the address shown above following (specif.) 3. In addition to the 25 percent minimum withholding, I am willing for the following amount to be withheld from my earnings during the withholding period: a None b Writhhold: \$ each pay period. 4. a. I am paid daily weekly every two weeks twice a month monthly. b. My gross pay is: \$ per pay period. c. My take-home pay is: \$ per pay period. d. My payroll deductions are (item and amount): Name Age Relationship to me Monthly income and its source d. d Name Age Relationship to me Monthly income and its source d. d O Myself			
ATTORNEY FOR STATE TAXPAVERRESPONDENT: NAME OF COURT: STREET ADDRESS: MALING ADDRESS MALING AD	F	ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
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MALING ADDRESS: CITY AND 2IP CODE: BRANCH NAME: APPLICATION OF (Name): TAXPAYER/RESPONDENT CLAIM OF EXEMPTION AND FINANCIAL DECLARATION NAME OF STATE TAX AGENCY: TAX AGENCY HUMBER: (Copy the information required above from the Application for Earnings Withholding Order for Taxes (form WG-020). The toleft space is for your or your attorney's name and address.) 1. I need the following earnings to support myself or my family (check and complete item a or b): a. All earnings. b. \$ each pay period. 2. Please send all papers to me my attorney at the address shown above following (specify to the information to the 25 percent minimum withholding, I am willing for the following amount to be withheld from my earnings during the withholding period: a. None b, Withhold: \$ each pay period. 4. a. am paid daily weekly every two weeks twice a month monthly. b. My gross pay is: \$ per pay period. c. My take-home pay is: \$ per pay period. d. My payroll deductions are (item and amount): 5. The following persons depend, in whole or in part, on me for support: Name Age Relationship to me Monthly income and its source d. Myself b. C. d.		NAME OF COURT:	
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a. Myself b. c. d.		Nama Aga Dalatianahin ta ma	lonthly income and its source
b. c. d.			ionthly income and its source
c. d.		a. Myself	
d.		b.	
d.			
		C.	
e.		d.	
		e.	
		· 	
6. The earnings of others listed in item 5 are now subject to wage assignments and Earnings Withholding Orders as follows (specify):	6.		arnings Withholding Orders as follows

APPLICATION OF (Name):		CASE NUMBER:			
	TAXPAYER/RESPONDENT				
7. My monthly expenses are as follows:					
a. Rent or house payment and	-	d incidentals \$			
maintenance\$	k. Transportation and				
b. Food and household supplies \$		epair)\$			
c. Utilities and telephone\$	 Installment payme 	ents (insert			
d. Clothing\$	total and list below	v in item 8) \$			
e. Laundry and cleaning\$	m. Other (specify):	\$			
f. Medical and dental payments\$					
g. Insurance (life, health,					
accident, etc.)\$					
h. School, child care\$					
i. Child, spousal support	TOTAL MONTHLY E	EXPENSES			
(prior marriage)\$	(add a through m)	\$			
List payments on installment and other debt		•			
Creditor's name		nthly payment Balance			
S. Santoi o Hairio	. 5. 10101	, parante			
0. What do way awa 2. (2(-1)					
9. What do you own? (State value.)	. - ·	to (adduce = = =)			
	a. Cash\$ d. Real estate equity (addresses):\$				
b. Checking, savings and credit union					
accounts, etc. (list institutions):					
(1)	\$				
(2)	\$ e. Other personal p				
(3)		tocks and bonds, etc.			
(4)	\$ List separately)	<i>τ</i> .			
c. Cars, other vehicles, and boat equity					
(list make, year of each):					
•	\$				
(1) (2)	\$				
(3)	\$	Total for item e:\$			
10. An Order Assigning Salary and Wages (for support) is now in effect as to my earnings. The amount payable under that order					
is: \$ monthly.					
11. Other facts that support this Claim of Exemption are (describe unusual medical needs, school tuition, expenses for recent family					
emergencies, or other unusual expenses to help the judge understand your budget): Continued on Attachment 11.					
I declare under penalty of perjury under the law	s of the State of California that the foregoing is	s true and correct.			
Date:					
	•				
(TYPE OR PRINT NAME)		(SIGNATURE OF TAXPAYER)			

File this form with the clerk of the court and mail a copy to the tax agency as soon as possible. Keep a copy and take it with you to the court hearing. If you wish to obtain the advice of an attorney, you should do so at once.